(July 2000)

Department of the

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Form **8871** (7-2000)

Ų

General Information Name of organization Employer identification number 91 + 2066/93 DAN GELBER CAMPAGEN 1-2066693 Mailing address (P.O. Box or number, street, and room or suite number) PO BOX 402187 City or town, state, and ZIP code 33140-0187 E-mail address of organization DAN DANGELBER. LOM

4a Name of custodian of records 4b Custodian's address 5445 LAGORGE DR DANIEL GELBER MIAMI BEACH, FL 5a Name of contact person 5b Contact person's address 5445 LAGREE DR DANIEL GELBER HIAMI BEACH FL Business address of organization (if different from mailing address shown above). Number, street, and room or suite number 5445 LA GORGE City or town, state, and ZIP code MILMI BEACH 23140 Part II Purpose Describe the purpose of the organization THE ELECTION OF DAN GELPER TO THE REPRESENTATIVES FOR DISTRICT 106. List of All Related Entities (see instructions) Part III 8a Name of related entity 8b Relationship 8c Address RECEIVED AUG 03 2000 For Paperwork Reduction Act Notice, see page 4. Cat. No. 10405VOCTEN

| Part IV List of All Officers, 9a Name | 9b Title | Compensated Employees (see instructions) 9c Address |
|--|--|--|
| 14. | | |
| MAX HOLTZMAN DANIEL GELBERZ | TREASURER | 708 WEST 51 STREET, APT 3 |
| | | MIAMI BEACH, FL 33140 |
| | | 5445 LAGUELE DR |
| | | MIAMI BEACH FL 33140 |
| | | 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ļ | |
| | | |
| | | |
| | | |
| Under penalties of perjury, I declar Revenue Code, and that I have ex it is true, correct, and complete. | are that the organization named in carnined this notice, including acco | Part I is to be treated as an organization described in section 527 of the Internal mpanying schedules and statements, and to the best of my knowledge and belief, |
| gn Signature of authorized at |) | \ _ 7 ~ 30 ~ 00 |
| Signature of authorized off | ea | Date |